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"No longer Normal" Traumatized Red Army Veterans in Postwar Leningrad

Robert Dale

Introduction

On 10 February 1946 Maria Golubeva wrote to her sister in Simferopol' describing the difficulties and disappointments of life in postwar Leningrad. Maria was living in one room with five family members. In November 1945 her son Andrei, following his demobilization from the Red Army, joined them. His living space had been occupied by other people during the Siege of Leningrad, and he was now attempting to reclaim it through the courts. Andrei was working as an artist in a state institution, although he wasn't receiving a ration card. He had been granted permission to enter university at the start of the next academic year, but his transition to civilian life was anything but smooth. As his mother wrote; "He is after all an invalid and worse still, he is psychologically abnormal."¹

On 18 September 1952 the Leningrad city court found Vladimir Krymov, a Red Army veteran, guilty of anti-Soviet agitation, a political crime. On 5 August 1952, according to a series of witnesses Krymov, in a state of intoxication, had created a scandal in a central Leningrad shop, which involved using unprintable language (*netsenzurnaia bran'*), slandering Communist party leaders, expressing anti-Semitic views and spreading rumours of a forthcoming war in front of staff and customers.² Vladimir was not a dangerous political dissident, but rather an alcoholic ex-serviceman who had failed to readjust to civilian life. In late August 1953 his mother Olga Krymova wrote a letter of appeal to the USSR State Prosecutor explaining that her son was mentally ill and needed psychiatric care. She claimed that Vladimir had suffered two traumas (*travmyi*): the first a head injury (*kontuziia golovy*) whilst serving in the Army, the second a nervous breakdown prompted by his wife leaving him for another man. Vladimir, according to his mother "was an

¹ Tsentral'nyi gosudarstvennyi arkhiv Sankt-Peterburga (hereafter TsGA-SPb) f.7384/op.36/d.186/l.76-7.

² Gosudarstvennyi Arkhiv Rossiiskoi Federatsii (hereafter GARF) f.R-8131/op.31/d.36,641/l.5-7.

abnormal person” and a “typical schizophrenic”. She attributed Vladimir’s outburst to mental illness, and questioned whether, “Soviet law makes provision to try a psychiatrically ill person for abnormal ravings (*nenormal’nyi bred*).”³

These two vignettes, one from the war’s immediate aftermath the other over seven years after the end of fighting, illustrate the difficulties Leningrad’s returning soldiers experienced reintegrating into civilian society, and the responses of Leningraders to the unconventional and disorderly behaviour of traumatized veterans. The war on the Eastern Front between 1941 and 1945 exposed soldiers to years of strain, privation, violence and killing, as well as separation from their families. Many veterans witnessed and participated in deeply traumatic events. In serving the motherland Red Army soldiers had to be prepared to sacrifice not only life and limb, but also their nerves. When Maria Golubeva and Olga Krymova described their sons as no longer normal they were grasping for a language to describe veterans’ traumatic reactions to modern industrialized warfare. According to the official myth Red Army veterans largely survived the war without crippling mental trauma, and were immune to the aftershocks of war which plagued the capitalist west. In a society where psychological trauma, especially amongst veterans, created ideological difficulties and was frequently repressed it was difficult to find a suitable vocabulary to discuss war trauma. Veterans, civilians and psychiatrists all found it difficult to interpret and explain the psychological and emotional damage of war. Medical professionals, veterans and their relatives often used different phrases to describe trauma, and when they shared a common terminology they often meant different things. These two mothers may have struggled with medicalized terminology, but “no longer normal” veterans traumatized by their wartime experiences were a social and medical reality in postwar Leningrad. Although “war trauma” was a problematic concept for late Stalinist public culture, not least finding languages to describe and explain mental disturbance, Soviet society never entirely denied its existence. In the aftermath of war it was obvious to many Leningraders that a moral fight against fascism and Soviet social structures, contrary to propaganda myths, were no protection against psychological categories.

This chapter argues that Red Army veterans, like ex-servicemen elsewhere, sometimes experienced post-traumatic reactions and mental health problems following their demobilization. Readjusting to civilian life in Leningrad was exceptionally difficult; veterans faced numerous obstacles in rebuilding their lives. Instances of trauma amongst veterans, however, were most commonly the product of damaging wartime experiences, no doubt exacerbated by the difficulties of

³ GARF/f.R-8131/op.31/d.36,641/ll.16-17.

postwar transition. The chapter examines newly discovered archival evidence, alongside published sources, that describe psychological problems and psychiatric symptoms amongst Leningrad's ex-servicemen that in other societies were recognized and treated as trauma. This evidence falls into two main categories; first; the research conducted by Leningrad's psychiatrists, in particular those based at the Bekhterev Institute, a leading psychiatric and neurological research institute with a distinguished history of studying trauma, and secondly traces left by traumatized veterans in the archival record, such as Maria Golubeva and Olga Krymova's letters. The influx of approximately 300,000 veterans demobilized in Leningrad between mid-July and the end of 1948 had survived one of the twentieth century's most violent and murderous conflicts, and were returning to a community with its own deeply destabilizing wartime experience. Veterans' prospects must have seemed bleak.

The chapter focuses on the experience of male veterans. Although by May 1947 there were 29,780 female veterans in Leningrad, approximately eleven per cent of the total, women were surprisingly absent from Leningrad's discussion of trauma.⁴ This, I suspect, was not because female soldiers were any more or less susceptible to traumatic neurosis, but because women veterans were so quickly marginalized in postwar Leningrad that they were even less likely to seek or receive treatment for psychological or psychiatric conditions than men.⁵ Most veterans, however, proved remarkably resilient in the face of difficult and disquieting experiences, finding their own ways of coping with psychological trauma. Although traumatized soldiers made their presence felt far beyond the consulting room and psychiatric ward, most were remarkably successful at readjusting to civilian life. Postwar Soviet society and late Stalinist Leningrad in particular had developed its own unique social, political and clinical understanding of and response to war trauma which shaped veterans' readjustment.

Historiographical Context

Trauma and the psychological casualties of modern warfare, both military and civilian, as this volume testifies, are the subject of a rich and expanding historiography. The idea that modern warfare was inherently traumatic and that anybody might have been disturbed by it has entered the western cultural mainstream. Words like "trauma" and "shell shock" have become metaphors for almost any uncomfortable or disquieting experience. This language often obscures the remarkable resilience of individuals and societies in the face of extreme events. "The emphasis on emotional

⁴ TsGA-SPb/f.7384/op.36/d.226/l.136.

⁵ On the particular challenges faced by female veterans see Roger D. Markwick and Euridice Charon Cardona, *Soviet Women on the Frontline in the Second World War* (Basingstoke: Palgrave Macmillan, 2012), 230–48.

breakdown and psychiatric illness,” as Joanna Bourke has argued, “has obscured the fact that most men coped remarkably well with the demands being made upon them in wartime.”⁶ Assumptions about the universality of war trauma should be guarded against. Different societies respond to trauma in different ways, deploying different diagnoses and terminology to describe the mental breakdown of soldiers and civilians. War trauma has manifested itself in varied and complex ways across time and space. Conditions such as war neuroses, shell shock, combat fatigue and post-traumatic stress disorder were the product of very different historical contexts. As Ben Shephard reminds us, each and every conflict is a unique confluence of social, cultural, economic, political, military and medical factors, which affect how war trauma is diagnosed and treated. Different social attitudes to fear, madness and social obligation all influenced the role of military psychology in treating trauma and even the symptoms observed.⁷

Russia and the Soviet Union had their own history of responding to battlefield trauma, which is reflected in the historiography of trauma in the Red Army. Several scholars have attempted to reconstruct the specific structures and theoretical frameworks in which Soviet military psychiatry operated during the war.⁸ Fewer historians, with the exception of Catherine Merridale, have questioned how far Soviet veterans were affected by horrific experiences, or how trauma shaped postwar transitions. Elena Seniavskaia’s ground-breaking research into the psychology of frontline soldiers, for example, has little to say about combat’s traumatic effects. In her analysis the ‘frontline generation’ found the war a positive experience. Extreme situations apparently created strong characters capable of independent thought and action, rather than traumatized personalities.⁹ Mark Edele, Beate Fieseler and Elena Zubkova, in contrast, acknowledge psychological trauma but largely focus their attention upon the social and economic effects of physical disability.¹⁰ Rather than

⁶ Joanna Bourke, “Effeminacy, Ethnicity, and the End of Trauma: The Sufferings of ‘Shell-shocked’ Men in Great Britain and Ireland, 1914–39,” *Journal of Contemporary History*, 35:1, January 2000, 57.

⁷ Ben Shephard, *A War of Nerves. Soldiers and Psychiatrists in the Twentieth Century* (Cambridge, MA: Harvard University Press, 2001), xxii.

⁸ Albert R. Gilgen, *Soviet and American Psychology During World War II* (Westport, CT: Greenwood Press, 1997); R. Gabriel, *Soviet Military Psychiatry. The Theory and Practice of Coping with Battle Stress* (Westport, CT: Greenwood Press, 1986); Paul Wanke, *Russian/Soviet Military Psychiatry, 1904–1945* (London: Frank Cass, 2005).

⁹ E.S. Seniavskaia, *Frontovye pokolenie, 1941–1945: istoriko-psikhologicheskoe issledovanie* (Moscow: IRI-RAN, 1995).

¹⁰ Mark Edele, *Soviet Veterans of the Second World War. A Popular Movement in an Authoritarian Society, 1941–1991* (Oxford: Oxford University Press, 2008); Beate Fieseler, ‘The bitter legacy of the “Great Patriotic War”: Red Army disabled soldiers under late Stalinism’, in *Late Stalinist Russia. Society Between Reconstruction and Reinvention*, ed. Juliane Fürst, (London: Routledge, 2006), 46–61; Elena Zubkova, *Russia After the War. Hopes, Illusions and*

examining evidence of war trauma, or the evolution of psychiatric thinking between 1941 and 1945, this article focuses on a local case study of the aftermath of war. As the experience of veterans of other nations and conflicts testifies, war's psychological damage did not stop once the guns ceased firing. For many veterans war never truly ended. Across the globe veterans have experienced nightmares, flashbacks, guilt, anxiety, distress, emotional volatility, hyper-arousal, insomnia, drug and alcohol problems, and unexplained physical symptoms for the rest of their lives. At the local level veterans experiencing trauma, in different forms and levels of intensity, came into contact with civilian institutions, which left archival traces largely unexplored by historians. These records, although fragmentary and incomplete, provide a different perspective on the complicated and troubled reintegration of veterans.

Leningrad: A Unique Case Study of Trauma

Nowhere was the presence of demobilized veterans more evident than in Leningrad, where they constituted a prominent social constituency. The trickle of returning soldiers which began in July 1945 rapidly became a torrent. In just over two years 268,376 veterans were demobilized in Leningrad, more than any other Soviet city.¹¹ A further 53,334 disabled veterans, registered with the city's district social security offices, and tens of thousands of former POWs, partisans and migrants, demobilized through other mechanisms or in other locations, were also resident in the city.¹² Against the backdrop of Leningrad's wartime population collapse veterans represented between ten and fifteen per cent of the city's population throughout the late Stalinist period. In 1945 the city's population stood at barely a third (927,000) of its 1941 level (2,992,000). By 1947 it had recovered to approximately two-thirds of its prewar population (1,998,000), but as late as 1953 Leningrad's population was 500,000 lower than on the eve of war.¹³

Leningrad's veterans were returning to a city whose inhabitants had experienced unimaginable horrors. The Siege of Leningrad (*Blokada*) was a catastrophe for the city and its

Disappointments, 1945–1957, trans. Hugh Ragsdale (Armonk, NY.: M.E. Sharpe, 1998), idem., *Poslevoennaia sovetskoe obschestvo: politika i povsedvenost', 1945–1953* (Moscow: ROSSPEN, 2000).

¹¹ TsGA–SPb/f.7384/op.36/d.226/l.208.

¹² Tsentral'nyi gosudarstvennyi arkhiv istoriko-politicheskikh dokumentov Sankt–Peterburga (hereafter TsGAIPD–SPb) f.24/op.2v/d.8230/l.1.

¹³ Population figures are based on those published in A.Z. Vakser, *Leningrad Poslevoennyi 1945–1982* (Saint Petersburg: Ostrov, 2005), 10; Nadezhda Cherepenina, "The Demographic Situation and Healthcare on the Eve of War", in *Life and Death in Besieged Leningrad, 1941–44*, ed. John Barber and Andrei Dzeniskevich (London: Palgrave Macmillan, 2005), 14.

people. Official figures calculated 632,253 deaths from starvation and associated illnesses, and a further 6,747 deaths from bombs and shelling.¹⁴ This was almost certainly an underestimate. Researchers have suggested a death toll between 700,000 and 1,000,000.¹⁵ Regardless of the precise total, no city in modern history has ever suffered a greater loss of human life. The loss of life was more than ten times that in Hiroshima in August 1945.¹⁶ Yet it was not simply the number of deaths but their manner that was shocking. Besieged Leningraders watched their bodies shrink, their friends and family wither and die, as rations and their nutritional value plummeted. Reserves were exhausted, ersatz foods developed, pets were eaten, soup made from wallpaper paste, leather was chewed, and frightening reports of cannibalism abounded. In the worst days of the siege, the winter of 1941/42, death became unremarkable. Corpses were left in apartments, where they fell on the streets, or stacked in basements. Blockade survivors (*blokadniki*) were on war's frontlines; the experience left them physically and mentally exhausted.

Trauma in Russian and Soviet Society: The Historical and Cultural Context

Nervous problems on the battlefield had been observed as early as the Russo-Turkish War, but widespread interest in war trauma amongst the psychiatric profession as a whole began during the Russo-Japanese War (1904–1905), a decade earlier than interest in soldiers' nervous and psychological disorders in Western Europe.¹⁷ Russian physicians and psychiatrists were often uncertain and at odds how to diagnose and explain the unusual symptoms observed during the war. Without standardized diagnoses or even established terminology medics in different locations often reached different conclusions, sometimes seeking psychological and sometimes physical aetiologies for war neuroses. Some specialists hypothesized that sustained exposure to the concussive impact of

¹⁴ TsGA–SPb/f.8557/op.6/d.1108/ll.46–7, reprinted in *Leningrad v osade. Sbornik dokumentov o geroicheskoi oborone Leningrada v gody Velikoi Otechestvennoi voiny. 1941–1944*, ed. A.P. Dzeniskevich (Saint Petersburg: Liki Rossii, 1995), 573–4.

¹⁵ Nadezdha Cherepina, “Assessing the Scale of Famine and Death in the Besieged City”, in *Life and Death in Besieged Leningrad*, ed. Barber and Dzeniskevich, 64; Anna Reid, *Leningrad. Tragedy of a City Under Siege, 1941–44* (London: Bloomsbury, 2011), 417–18; Harrison E. Salisbury, *The 900 Days. The Siege of Leningrad* (London: Secker & Warburg, 1969), 514–17.

¹⁶ Salisbury, *The 900 Days*, 513.

¹⁷ Laura L. Phillips, “Gendered Dis/ability: Perspectives from the Treatment of Psychiatric Casualties in Russia's Early Twentieth Century Wars,” *Social History of Medicine*, 20:2, August 2007, 334; Jan Plamper, “Fear: Soldiers and Emotion in Early Twentieth-Century Russian Military Psychology,” *Slavic Review*, 68:2, Summer 2009, 259–83; Catherine Merridale, “The Collective Mind: Trauma and Shell-shock in Twentieth-century Russia,” *Journal of Contemporary History*, 35:1, January 2000, 40.

explosives caused damage to the brain and nervous system. New terms, *kontuziia* (contusion), *voennaia kontuziia* (military contusion) and *vozdushnaia kontuziia* (air contusion), were coined for these injuries, becoming key vocabulary in the diagnosis of trauma.¹⁸ The First World War brought a worrying surge of psychiatric casualties, for which the Imperial army was unprepared, despite the warnings offered by the Russo-Japanese War. Psychologists and psychiatrists continued to question whether physical, psychological or emotional factors caused war neuroses, and whether wartime psychiatric disorders constituted new illnesses. Medics often sought an explanation for mental trauma in organic physical damage, either injuries or concussions to the brain or nervous system caused by rapid changes in air pressure from shelling. Yet there were also psychiatrists who concluded that war neuroses were the product of psychological trauma.¹⁹ Discussions about war trauma on the pages of learned journals, and sometimes more widely, were disrupted and overshadowed by the Revolutions of 1917 and the Russian Civil War. Trauma, however, never entirely disappeared from scholarly or public view. “Wounded or psychologically traumatized veterans,” as Karen Petrone writes, “were... commonly encountered on the social landscape of the Soviet Union in the 1920s as the living embodiment of war memory and a powerful and daily reminder of the costs of war.”²⁰

By the start of the Great Patriotic War Soviet society had endured twenty-five years of violence. War, revolution, civil-war, famine, collectivization and political terror recalibrated attitudes and responses to trauma. These collective experiences, it has been argued, inured Soviet society to privation and suffering.²¹ Despite shifting social attitudes and the challenges of squaring Stalinist ideology and psychiatric theory and practice, some researchers continued to study the psychiatric impact of war throughout the interwar years.²² In 1938, for example, as the threat of war intensified, Viktor Petrovich Osipov, director of Leningrad’s Military Medical Academy began to edit a landmark collection of essays, marking the 140th anniversary of the Academy, studying the psychiatric disorders of previous conflicts particularly the First World War. It was eventually published in 1941. Amongst the contributions were chapters examining the psychiatric practices of foreign armies between 1914 and 1918, and a survey of wartime psychiatric disorders, such as

¹⁸ Wanke, *Russian/Soviet Military Psychiatry*, 17–29.

¹⁹ Wanke, *Russian/Soviet Military Psychiatry*, 30–41; Irina Sirotkina, *Diagnosing Literary Genius. A Cultural History of Psychiatry in Russia, 1880–1930* (Baltimore, MD.: John Hopkins University Press, 2002), 153–4.

²⁰ Karen Petrone, *The Great War in Russian Memory* (Bloomington, IN.: Indiana University Press, 2011), 121.

²¹ Wanke, *Russian/Soviet Military Psychiatry*, 56; Merridale, “The Collective Mind”.

²² Wanke, *Russian/Soviet Military Psychiatry*, 43–56.

kontuziia, hysteria and traumatic neuroses, based on international and Russian literature.²³ Osipov's own chapter outlined the basics of identifying psychoses and short descriptions of the psychiatric illness military doctors might encounter during war. The Russian Imperial Army had experienced panic, hysteria, concussion (*kontuziia*) and psychological breakdown. But, Osipov predicted that in the future the Red Army would be more resilient. He argued that during the Russian Civil War the Red Army experienced significantly lower levels of psychiatric and psychological illness than the tsarist army during the First World War because of higher morale.²⁴ Soldiers and armies with higher political and class consciousness were better equipped to combat the natural biological, emotional and nervous reactions to war threatening their personalities.²⁵ V.A. Gorovoi-Shaltan's contribution stressed the importance of social factors in preventing war neuroses, praising the class unity between officers and the ranks, and the role of the party and Komsomol in political education.²⁶ Osipov suggested that improved economic well-being, higher cultural levels (*kul'turnost*), lower general infection rates and higher physical indicators amongst youth meant that the nation was more robust.²⁷ Against a backdrop of shortage, privation and famine it is hard to read this claim as anything other than a nod to ideological orthodoxy.

By the time these confident predictions were published an alternative reality was already making itself felt. Despite military psychiatrists' confidence in new Soviet social structures, the Great Patriotic War unleashed a wave of violence, death and destruction. The hyper-masculine world of the Soviet military and the social taboos surrounding mental illness, however, restricted the identification and public expression of war trauma. Soviet soldiers and officers were neither the positive heroes immune to psychological stress familiar from Soviet propaganda, nor the faceless unthinking brutes lacking the emotional and moral makeup of western soldiers, an image peddled during the Cold War. Although it has been suggested that trauma was virtually invisible in the wartime Red Army, psychiatric casualties never entirely disappeared from official history nor memory.²⁸ During the war the pages of psychiatric journals once again filled with studies of the

²³ *Voprosy psikhiatricheskoi praktiki voennogo vremeni*, ed. V.P. Osipov (Leningrad: Narkomzdrav SSSR, 1941).

²⁴ V.P. Osipov, "Osnovy raspoznavaniia psikhozov i psikoticheskikh sostoianii v praktike voennogo vracha," in *Voprosy psikhiatricheskoi praktiki voennogo vremeni*, ed. Osipov, 6.

²⁵ Osipov, "Osnovy raspoznavaniia psikhozov," 11.

²⁶ V.A. Gorovoi-Shaltan, "Psikhonevrozy voyny. Postonovka voprosa i osnovnye istochniki," in *Voprosy psikhiatricheskoi praktiki voennogo vremeni*, ed. Osipov, 120.

²⁷ Osipov, "Osnovy raspoznavaniia psikhozov," 5.

²⁸ Catherine Merridale, *Ivan's War. The Red Army 1939–45* (London: Faber and Faber, 2006), 15, 232–4; idem, "The Collective Mind," 47–8.

damage done to soldiers' minds. Conferences were organized, research was shared and theoretical debates thrashed out.²⁹ The multi-volume official medical history of the war devoted a volume, published in 1949, to wartime nervous disorders (including neuroses, hysteria and *kontuziia*), testimony to the efforts of wartime researchers.³⁰ This was an enormous publishing project, spanning thirty-five lavishly illustrated volumes with a print run of 500,000 copies and subsidized prices for doctors and medical students. It was launched and overseen by legislation signed by Stalin, hardly the actions of a state officially denying war trauma.³¹

The gulf between the theory and practice of military medicine, however, was enormous. Amidst the chaos and privations of the frontlines the treatment of psychiatric casualties bore little resemblance to the textbooks. As Wanke acknowledges, "Soviet military psychiatry struggled to rediscover and implement an organizational structure that that would provide adequate psychiatric care to the military."³² The best traumatized frontline soldiers could hope for was rest and better rations. The priority was returning soldiers to active duty as quickly as possible. This was often achieved by chemical intervention, a liberal dose of alcohol, and sometimes hypnosis. These treatments had the benefit of being quick, easy to administer close to the frontlines and relatively cheap. Anything more advanced was unrealistic, given shortages of medicines, equipment and trained personnel. It seems likely that only a fraction of those suffering from some form of trauma ever received treatment; their symptoms went unrecognized or were ignored.³³ Estimating the number of psychiatric casualties is difficult, particularly as the official history of wartime psychiatric illness gave no absolute figures just percentages for the distribution of casualties by disorder. One estimate calculates that only 100,000, out of nearly twenty million active service soldiers, were recorded as permanent psychiatric casualties.³⁴ This is almost certainly an underestimate. Wartime and postwar Soviet society tended to treat the war's cost as physical, rather than psychological. "Circumscribed within the limits of a physiological paradigm," as Anna Krylova argues, "the party

²⁹ Wanke, *Russian/Soviet Military Psychiatry*, 57–94; Benjamin Zajicek, "Scientific Psychiatric in Stalin's Soviet Union: The Politics of Modern Medicine and the Struggle to Define 'Pavlovian' Psychiatry, 1939–1953," (Ph.D Dissertation, University of Chicago, 2009), 113–67.

³⁰ S.N. Davidenkov and V.A. Gorovoi-Shaltan (eds), *Nervnye bolezni: Osobennosti ikh vozniknoveniia, techeniia, preduprezhdeniia i lecheniia vo vremia voiny*, in *Opyt sovetskoi meditsiny v velikoi otechestvennoi voine, 1941–1945 gg.*, ed. E.I. Smirnov, Vol.26 (Moscow: Medgiz, 1949).

³¹ GARF–SSSR/f.R–5446/op.51/d.3528/ll.12–10.

³² Wanke, *Russian/Soviet Military Psychiatry*, 80.

³³ Merridale, *Ivan's War*, 232–4.

³⁴ Gabriel, *Soviet Military Psychiatry*, 47.

press presented the war's legacy as readily remedied by means of reconstructive surgery and high-quality false limbs."³⁵ Many physically disabled veterans bore psychological scars, but these, unlike their visible wounds, went untreated. In a military medical environment that was at best sceptical of 'war trauma' it seems probable that psychological casualties were 'misdiagnosed' with physical conditions, thereby masking their prevalence.

The Bekhterev Institute: Leningrad's Psychiatrists and Trauma Research

Russia's northern capital had a long track record of studying battlefield trauma. Saint Petersburg had been the centre of the psychiatric profession until the 1890s, when Moscow began to compete for this distinction. Following the capitals moved back to Moscow in March 1918 the psychiatric profession and funding gravitated towards Moscow. Nevertheless, Leningrad's psychiatrists remained at the cutting edge of Soviet research into wartime nervous disorders. They maintained a strong sense of collective identity, based upon the institutions where or the professors under whom they had trained, and their own approaches to the discipline.³⁶ Two institutions were at the centre of this work. First, the Military Medical Academy, which had a distinguished history of studying trauma dating back to the late nineteenth century. It would become the foremost centre of Soviet military psychiatry, at the heart of interwar, wartime and postwar psychiatric research.³⁷ Although the published research of its psychiatrists, most notably V.P. Ospioy, is available, its archives and patients' medical records remain closed. In contrast the archives of the Bekhterev Institute, alongside its published output, are relatively accessible. The Institute was established in 1913 by Vladimir Mikhailovich Bekhterev, a pioneer in exploring external causes of mental illness, in order to study psychology, psychiatry and brain anatomy. He had held the prestigious Chair of Psychiatry and Nervous Disorders at the Military Medical Academy from 1893 until 1913, when he resigned in protest over the handling of his evidence at the infamous Beilis Trial.³⁸ During the Siege the Bekhterev Institute studied and treated civilians suffering from mental breakdown linked to

³⁵ Anna Krylova, "'Healers of Wounded Souls': The Crisis of Private Life in Soviet Literature, 1944–1946," *The Journal of Modern History*, 73:2, June 2001, 316.

³⁶ On the rivalry between Moscow and St. Petersburg Schools of psychiatry see Julie V. Brown, "Heroes and Non-Heroes. Recurring Themes in the Historiography of Russian-Soviet Psychiatry," in *Discovering the History of Psychiatry*, ed. Mark S. Micale and Roy Porter (Oxford: Oxford University Press, 1994), 297–307; Wanke, *Russian/Soviet Military Psychiatry*, 15.

³⁷ Wanke, *Russian/Soviet Military Psychiatry*, 46; Brown, "Heroes and Non-Heroes," 298.

³⁸ E.S. Averbukh and V.N. Miasishchev, "Kratkii ocherk nauchnoi deiatel'nosti psikhonevrologicheskogo instituta im V.M. Bekhterev," in *Nauchno-issledovatel'skaia deiatel'nost instituta za 50 let* (Leningrad, 1958), 3–5; Wanke, *Russian/Soviet Military Psychiatry*, 12, 46; Brown, "Heroes and Non-Heroes," 301, 303.

starvation. Its psychiatrists also worked beyond the institute's walls regularly treating soldiers in military hospitals. This activity informed future research, leading to a number of important postwar studies of trauma.³⁹

Leningrad's veterans were returning to a city and community with greater experience and a better understanding of war trauma than in most places. The war and blockade made trauma a research priority. Civilian mental breakdowns caused by mass starvation, and the front's psychiatric casualties had to be treated and explained. In a paper delivered at a conference organized by the Bekhterev Institute in March 1946 V.N. Miasishchev and E.K. Iakovlenva stressed that the most pressing task for the institute during the Fourth Five Year Plan was to liquidate the nervous-psychiatric effects of the war: "Lately in the seriously shocking conditions of wartime, and in connection with them, the occurrence of psychiatric and other traumas to the nervous system considered as group of illnesses has increased."⁴⁰ The blockade extracted a toll on civilian Leningraders' mental health. A number of wartime and postwar studies drew a link between dystrophy (extreme emaciation) and psychiatric breakdown. Severely weakened constitutions were, it was argued, more susceptible to nervous disorders, nightmares, anxiety, depression and emotional instability. The blockade also generated its own specific diagnosis. Amidst the death and starvation physicians observed an increase in high blood pressure, which was eventually labelled "Leningrad hypertension".⁴¹ Psychological trauma appears to have been somatized; mental pain turned into physical symptoms which with rest and better nutrition could be overcome. Of course other researchers from across the Soviet Union studied manifestations of war trauma.⁴² Although Leningrad's psychiatrists were not entirely unique, a distinct cluster of researchers centred on the Bekhterev institute devoted great time and effort to studying locally observed manifestations of

³⁹ Averbukh and Miasishchev, "Kratkii ocherk nauchnoi deiatel'nosti," 10–11; Wanke, *Russian/Soviet Military Psychiatry*, 66.

⁴⁰ V.N. Miasishchev and E.K. Iakovlena, "Ob organizatsii pomishchi pri psikhogennykh zabolevaniakh," in *Konferentsiia, posviashchennaia voprosam psikhogenie, psikhoterapii i psikogigeny. 23–24 Marta 1946g. Tezisy dokladov*, ed. E.S. Averbukh (Leningrad, 1946), 19.

⁴¹ Catherine Merridale, *Night of Stone. Death and Memory in Russia* (London: Granta, 2001), 304; Merridale, "The Collective Mind," 48; Alexandra Wachter, "The Last Heroes of Leningrad. Coping Strategies of Siege Survivors in Soviet and Post-Soviet Society," (Ph.D Dissertation, Queen Mary, University of London, In Progress), Chapter 2. On starvation's psychological effects see *Nervno-psikhicheskie zabolevaniia voennogo vremeni (po materialam Leningradskikh konferentsii 1942–1943 gg.)*, ed. V.N. Miasishchev (Leningrad: Gosudarstvennoe izdatel'stvo meditsinskoi literatury, 1945).

⁴² On somatization see Zajicek, "Scientific Psychiatric," 209.

trauma. During and after the war they conducted several important studies of traumatic reactions amongst soldiers and ex-servicemen, some of which were published and others survive in archival documents.

In 1944 E.S. Averbukh published a pamphlet entitled *What every doctor needs to know about psychiatric illness and treating psychiatric illnesses in wartime conditions*. It aimed to familiarize civilian and military doctors with the mental disturbances they were likely to encounter, and provide clear guidelines for diagnosing, monitoring and treating psychiatric patients. Averbukh informed doctors that they could expect to encounter patients experiencing memory loss, poor concentration, confused thinking, hallucinations, heightened emotions, paranoia, mania or dementia.⁴³ During the war and the years that followed his colleagues dug deeper into these symptoms and their causes. Several psychiatrists studied mental disorders which had started to be diagnosed following concussions, head injuries and other war injuries. There were studies of delayed forms of psychoses, post-traumatic memory loss, vision loss and depressive conditions that developed amongst patients who had sustained head injuries and contusions during the war.⁴⁴ At the Bekhterev's March 1946 conference F.P. Maiorov presented research into instances of war hysteria, based on 25 instances of hysterical reactions following concussion (*vozdushnoi kontuzii*).⁴⁵ Alongside these studies were a number of papers and studies of how best to provide care for patients and organize psychiatric services. The institute had an additional role in organizing lectures, discussions and meetings with war invalids and their families, which disseminated research findings, and suggested prophylactic treatments for depression.⁴⁶

Individual case histories, written up as part of research projects, provide an indication of the manifestations of trauma observed by psychiatrists. M.M. Mirskaia, for example, conducted research into delayed or long term psychiatric disturbances amongst people who had suffered head or brain injuries, most commonly the result of physical concussions (*kontuziia*). The project sampled

⁴³ Tsentral'nyi gosudarstvennyi arkhiv nauchno-tekhnicheskoi dokumentatsii Sankt Peterburga (hereafter TsGANTD–SPb) f.313/op.2–1/d.17/l.2.

⁴⁴ For an indication of the variety of projects and conditions see *Nauchnaia Deiatel'nost' psikhonevrologicheskogo instituta im. V.M. Bekhtereva za 1946 god. Avtoreferaty nauchnykh rabot*, ed. V.N. Miasishchev (Leningrad: Uchebno-proizvodstvennye masterskie Lenpoligraftekhnikuma 1947); *Nauchnaia Deiatel'nost' psikhonevrologicheskogo instituta im. V.M. Bekhtereva za 1947 god. Avtoreferaty nauchnykh rabot*, ed. V.N. Miasishchev (Leningrad, 1948).

⁴⁵ F.P. Mairov, "Ob isterii u sil'nogo tipa nervnoi sistemy (po materialam voennoi travmy)," in *Konferentsiia, posviashchennaia voprosam psikhogenie, psikhoterapii i psikogigeny*, ed. Averbukh, 15–17.

⁴⁶ *Nauchnaia deiatel'nost' psikhonevrologicheskogo instituta za 1946 god*, ed. Miasishchev, 16–20.

120 cases, the majority men aged between 25 and 40, and almost certainly soldiers.⁴⁷ The case history of patient Sh-ik, a 39-year-old man, indicated the complexity of observed symptoms. Sh-ik was concussed on 5 November 1943. Initially his emotions and physical state were heightened, and he experienced hearing loss. He was constantly hungry and thirsty. He would drink up to eight mugs of beer in rapid succession and smoke four or five cigarettes at the same time. This manic phase had passed by the time he was admitted to the institute on 15 November. He was sluggish, drowsy, suffering memory loss and his mental faculties had slowed. His speech could also be blocked by a tightening of his lips, teeth and tongue. He was emotionally withdrawn, remaining in bed for long periods of time, taking no interest in his personal hygiene. He became obsessed with ideas that, “nobody loved him, that he was unwanted, and that he was a hindrance to everybody.”⁴⁸

Another report described the symptoms recorded amongst soldiers who had fought in the Winter War with Finland. Patient P-v, a 25-year-old soldier was admitted to hospital in January 1940. He had been engaged in a fierce battle between 25 and 31 December 1939, not sleeping during the entire period. After the battle he fell into a deep sleep, experiencing nightmares about combat. When he awoke he began behaving strangely and was unable to readjust.⁴⁹ Kr-ov, a 24 year-old soldier, was wounded in the neck and admitted to hospital, where medics observed his disturbed state. He confused dreams with reality, claiming that he had been awarded a medal by Stalin. At times he would become agitated and confused and ask about his medal and other gifts from the *vozhd'* (the leader, Stalin).⁵⁰ Twenty-three-year old T-v had been injured by a grenade exploding in a dugout. Although his physical scars healed well the mental scars went deeper. Obsessive fears of death and blood infection prevented him from sleeping. His behaviour became increasingly disturbed as sleep deprivation set in. He feared he might be punished and was concerned that he was being poisoned.⁵¹ K-ov had lost a foot and several toes on his other foot to frostbite. The injury transformed his behaviour. He became withdrawn and had difficulties sleeping. By the time he arrived at hospital he was depressed, suspicious and fearful that he would be shot for leaking military secrets in his letters home.⁵²

⁴⁷ TsGANTD–SPb/f.313/op.2–1/d.186/ll.6–8.

⁴⁸ TsGANTD–SPb/f.313/op.2–1/d.186/ll.6–8.

⁴⁹ TsGANTD–SPb/f.313/op.2–1/d.115/ll.2–4.

⁵⁰ TsGANTD–SPb/f.313/op.2–1/d.115/ll.7–8.

⁵¹ TsGANTD–SPb/f.313/op.2–1/d.115/ll.8–10.

⁵² TsGANTD–SPb/f.313/op.2–1/d.115/l.2.

Leningrad's psychiatrists offered explanations for the reactions they observed that were in keeping with the official organic and materialist frameworks for mental illness. They, like Soviet psychiatrists more generally, were working within ideological and theoretical frameworks which questioned how damaging the fear, violence and killing of war was for combatants. In his manual Averbukh explained that *kontuziia* was the result of shock to the brain and functional changes in the central nervous system inflicted by the explosive force, and sudden changes in atmospheric pressure, of modern shells, bombs and mines.⁵³ Other researchers argued that prolonged periods of heightened anxiety, stress and exertion gradually weakened soldiers' nervous systems making them more susceptible to breakdowns or psychiatric disturbances.⁵⁴ The organic understanding of mental disability suggested relatively straightforward treatment. If psychiatric disorders were the product of stress and exhausted nervous systems, they could be remedied by rest and proper nutrition.⁵⁵ These explanations were consistent with the official medical history of the war, and Moscow based psychiatric research, for example M.O. Gurevich's influential postwar psychiatric textbooks.⁵⁶ There was, however, less consensus on how to make sense of trauma than the official explanatory framework implied. The Bekhterev's researchers often found it difficult to square their observations with scientific and ideological realities. Elsewhere in the Soviet Union psychiatrists criticized the use of the term *kontuziia*, because it was imprecise.⁵⁷ Leningrad's researchers were using a variety of other labels to describe traumatic reactions, including: post-traumatic lesions, post-traumatic brain damage, internal injuries to the skull, and delayed effects of physical injuries. It wasn't just veterans' families who were struggling for an appropriate language to describe trauma.

According to Anna Krylova the, "cohort of Soviet psychiatrists who came to dominate the profession in the 1940s was unfamiliar with psychological explanatory frameworks," as a result psychological factors were excluded from treatment.⁵⁸ The Bekhterev's researchers, however, occasionally acknowledged the role of psychological factors in post-traumatic reactions. E.K. Iakovleva believed that psychiatric trauma was caused by contusions, but psychological factors on veterans' return could reactive trauma. Anxiety about temporary invalidity, a reduction in work capacity, or general health, housing, family and everyday problems, alongside concerns about other

⁵³ TsGANTD–SPb/f.313/op.2–1/d.17/1.3.

⁵⁴ *Nauchnaia deiatel'nost psikhonevrologicheskogo instituta za 1946 god*, ed. Miasishchev, 7.

⁵⁵ Wanke, *Russian/Soviet Military Psychiatry*, 54, 68.

⁵⁶ M.O. Gurevich, *Nervnye i psikhicheskie rasstroistva pri zakrytykh travmakh cherpa* (Moscow: Medgiz, 1945); idem, *Psikhiatriia. Uchebnik dlia meditsinskikh institutov* (Moscow: Medgiz, 1949).

⁵⁷ Zajicek, "Scientific Psychiatric," 117–18.

⁵⁸ Krylova, "Healers of Wounded Souls," 318.

people's reactions to them could prompt emotional agitation. As a resolution Iakovleva proposed psychotherapy and studying patients' personalities and behaviour from all perspectives.⁵⁹ The Bekhterev Institute's researchers were well aware of their predecessors' interest in trauma and previous analytical frameworks. Many of Leningrad's military psychiatrists could trace their careers back to before the revolution. V.P. Osipov, for example, had been a student of V.M. Bekhterev in the late 1890s, and had directed the Military Medical Academy's psychiatric department during the First World War, studying and treating psychiatric casualties.⁶⁰ Vladimir Nikolaevich Miasishchev had directed the Bekhterev Institute since 1939, had worked there since 1919 and was a close colleague of V.M. Bekhterev.⁶¹ Raisa Iakovlevna Golant, one of the Bekhterev Institute's leading trauma researchers was also a former student of V.M. Bekhterev, and had been an employee of the Military-Medical academy between 1917 and 1928.⁶² These and other researchers were familiar with past research into the traumatic effects of war, even if they did not always agree with it.

In the introduction to the volume on nervous illness in the Great Patriotic War's official medical history S.N. Davidenkov questioned pre-revolutionary research into hysteria, war neuroses and *kontuziia*. He argued that during the Russo-Japanese War and the First World War these conditions were often misdiagnosed. In his analysis doctors frequently confused physical damage to the brain with psychiatric illnesses.⁶³ Other researchers adopted a similar position. F.I. Grinstein and A.Z. Rosenberg, for example, argued that older research describing unique forms of "war psychosis" lacked evidence.⁶⁴ Averbukh poured scorn on the idea that war generated its own forms of mental illness, arguing that peacetime syndromes adopted specific forms and nuances under wartime conditions.⁶⁵

⁵⁹ E.K. Iakovleva, "Psikhogeniia i psikoterapiia u bol'nykh s posledstviiami zakrytykh travm cherepa," in E.S. Averbukh (ed.), *Konferentsiia, posviashchennaia voprosam psikhogenie, psikhoterapii i psikogigieny. 23-23 Marta 1946g. Tezisy dokladov* (Leningrad, 1946), pp.9-10.

⁶⁰ "Pamiati Viktora Petrovicha Osipova," *Voenno-Meditsinskii Zhurnal*, No.9, September 1948, 60–5.

⁶¹ "V.N. Miasishchev (K 60-letiiu so dnia rozhdeniia i 34-letiiu nauchno-issledovatel'skii pedagogicheskoi i obshchestvennoi deiatel'nosti)," *Zhurnal nevrologii i psikiatrii imeni S.S. Korsakova*, Tom 53, Vyp. 12, December 1953, 979.

⁶² "Nekrologi. Pamiati R.Ia. Golant", *Zhurnal nevrologii i psikiatrii imeni S.S. Korsakova*, Tom 53, Vyp. 12, December 1953, 976.

⁶³ S.N. Davidenkov, "Vvedenie," in *Nervnye bolezni*, ed. Davidenkov and Gorovoi-Shaltan, 17–18.

⁶⁴ TsGANTD–SPb/f.313/op.2–1/d.115/l.1–20.

⁶⁵ TsGANTD–SPb/f.313/op.2–1/d.17/l.2.

From the available evidence it is hard to know whether the Bekhterev's psychiatrists genuinely believed the official explanations for trauma, or were parroting official mantras and ideological orthodoxies. Recent research has questioned the extent to which Soviet science was deformed and scientists constrained by a totalitarian ideology. Benjamin Zajicek has argued that Soviet psychiatrists made genuine attempts to diagnose, treat and explain the mental disorders within the scientific frameworks available to them.⁶⁶ Leningrad's leading researchers were establishment figures not dissidents. Vladimir Miasishchev, the Bekhterev Institute's director, was a party member, and between 1945 and 1948 a member of Leningrad's Nevskii district party committee. Between 1939 and 1948 Raisa Golant was a deputy of the city Soviet. Yet the Institute's research into war trauma proved relatively short-lived. Traumatized veterans and blockade survivors did not disappear, but their problems soon became lower priorities for researchers. This was not simply the product of an authoritarian state's desire to repress trauma, although there was perhaps an element of this. With the passing of a senior generation of research staff interest in trauma diminished. Victor Osipov died in 1947, and Raisa Golant in 1953.⁶⁷ In March 1948 the USSR Ministry of Healthcare ordered an inspection of the work of the institute, and its research.⁶⁸ In July 1948 the Ministry of Healthcare ordered a restructuring of the institute, including the sacking of several brain physiology researchers although these were subsequently overturned.⁶⁹ Within approximately five years of the war's end the Bekhterev Institute was a very different institution, with different research plans.

Psychiatric research was hardly a guarantor of better care for Leningrad's veterans. Researchers were rarely able to make substantive contributions to treatment. The Bekhterev institute was primarily concerned with theoretical questions, rather than practical clinical assistance. Of the 405 beds available in its wards just sixty were reserved for treating disabled veterans with brain injuries or psychiatric problems.⁷⁰ Presumably only the most interesting cases were cherry picked for closer examination. Nor was the city's official network of psychiatric hospitals up to the task. In 1946 Leningrad's psychiatric hospital No.2 had 360 beds. In the course of that year the hospital treated just 110 war invalids, a tiny fraction of the city's veterans.⁷¹ Conditions in hospitals, particularly psychiatric institutions, were horrific. Even Leningrad's flagship hospitals for war

⁶⁶ Zajicek, "Scientific Psychiatric," 51–2.

⁶⁷ "V.N. Miasishchev (K 60-letiiu so dnia rozhdeniia)," 979; "Pamiati Viktora Petrovicha Osipova," 60–5; "Nekrologi. Pamiati R.Ia. Golant", 976.

⁶⁸ Rossiiskii gosudarstvennyi arkhiv sotsial'no-politicheskoi istorii (hereafter RGASPI) f.17/op.132/d.40/ll.39–46.

⁶⁹ RGASPI/f.17/op.132/d.40/ll.15–17.

⁷⁰ *Nauchnaia deiatel'nost psikhonevrologicheskogo instituta za 1946 god*, ed. Miasishchev, 7.

⁷¹ TsGA–SPb/f.9156/op.4/d.508/l.1,10.

invalids, located in the city centre, occupied dilapidated buildings, lacked basic sanitation, and experienced shortages of basic equipment.⁷² Faced with appalling conditions few veterans wanted to pursue treatment if it identified them as victims or damaged goods. The overwhelming majority of psychiatric patients in the Soviet healthcare system were treated as outpatients at dispensaries. As of 1 January 1946 there were 3,798 invalids of the Great Patriotic War registered with neuropsychiatric dispensaries in Leningrad, of which 167 were being treated for traumatic epilepsy, 781 for open head wounds, and 1,748 for the effects of internal head injuries, a label commonly applied to *kontuziia* like disturbances. In practice a significantly lower number were receiving regular treatment.⁷³

Postwar psychiatric research provides valuable evidence that trauma never entirely disappeared from the official record. Psychiatrists, however, shouldn't be granted an exclusive monopoly on observing, defining and discussing war trauma. Their findings, treatments and theories rarely penetrated beyond a small circle of experts. Many thousands of veterans returned from the front shaken by their wartime experiences, although they were never officially diagnosed as traumatized. As Maria Golubeva and Olga Krylova's letters remind us, war's traumatic effects spread far beyond the medical profession. The Bekhterev's psychiatrists were not only the people thinking about "no longer normal" behaviour amongst veterans. Yet, most ordinary citizens usually lacked the vocabulary, knowledge and understanding to make sense of abnormal behaviour. Nevertheless, trauma was a social reality, manifesting itself in a variety of ways, contributing to a set of interrelated social problems, visible to Leningraders. Wider society was aware that veterans were often angry, irritable and aggressive, and experienced nightmares, flashbacks and survivor guilt. The burden of healing men's wounded souls, as Anna Krylova has argued, frequently fell on women.⁷⁴ Families and workplace collectives, where they survived, provided informal therapeutic communities in which veterans could begin to confront these symptoms amidst people prepared to make allowances for aberrant behaviour. Veterans' symptoms were not recognized as trauma, but the capacity of war to damage soldiers' minds, as well as their bodies, was there for everybody to see.

Traumatic Traces: Alcohol and Social Disorder

⁷² Robert Dale, "The Valaam Myth and the Fate of Leningrad's Disabled Veterans," *Russian Review*, 72:2, April 2013, 281–2. On the appalling conditions in psychiatric hospitals see Zajicek, "Scientific Psychiatric," 69–74.

⁷³ M.H. Genkina, "Meditsinskaia i sotsial'no-proizvodstvennaia kharakteristika invalidov otchestvennoi voyny s neiropsikhicheskimi narusheniami (v Leningrade), in *Organizatsionno-metodicheskie voprosy sovremennoi neiropsikhiatrii*, ed. E.S. Averbukh i V.N. Miasishchev (Leningrad, 1948), 49, 54. On psychiatric dispensaries see Zajicek, "Scientific Psychiatric," 175–9.

⁷⁴ Krylova, "Healers of Wounded Souls".

Troubles veterans' preferred method of dealing with the difficulties of postwar adjustment was the bottle. Drink, just as it had done at the front, provided a means of escaping trauma.⁷⁵ In the absence of alternative medication or more widespread psychiatric care vodka became a form of self-medication, the main means of numbing psychological and physical pain. Leningrad was a city awash with alcohol. Even in the most difficult months of postwar shortages vodka remained freely available. One group of more abstemious veterans wrote to *Leningradskaia pravda*, the city's main newspaper, in September 1946 to complain of the proliferation of outlets selling alcohol in their neighbourhood, while bread remained difficult to find.⁷⁶ A hard drinking culture amongst veterans had deep roots in Russian culture, and was bound up with notions of masculinity and male sociability. As Elena Zubkova has suggested, nostalgic drinking sessions amongst ex-servicemen congregating cafés and bars, often known as "Blue Danubes", served important social functions.⁷⁷ In the absence of official veterans' organizations, not established until 1956 and only expanded after 1965, informal spaces where veterans could relax over a bottle, share the frustrations of civilian life, reminisce about the war, and temporarily recreate the comradeship of the "frontline brotherhood" provided an important source of support. But alcohol always had the capacity to transgress the boundaries of acceptable behaviour. Troubled veterans, not officially recognized as psychiatric casualties but who had nevertheless failed to reintegrate into civilian society, frequently exhibited disruptive behaviour linked to alcohol problems. These unfortunates frequently lacked the support of families and other informal therapeutic communities, a factor which often exacerbated their alcohol dependency.

Disorientated, confused and frustrated veterans could react in extreme ways to the challenges of readjusting to civilian life. Discharge from the army cut many veterans adrift from their wartime comrades and support networks. Their friends and families had often died during the war, or were still in evacuation. Their jobs and living circumstances were often at odds with their official status as returning veterans. Faced with the set-backs of demobilization veterans very occasionally took, or attempted to take, their own lives. Those resorting to such drastic measures were not necessarily traumatized, but many were in states of extreme emotional turmoil, or fragile mental health. Surviving archival evidence on suicide is fragmentary. Sometimes suicides are recorded in reports dealing with other issues, but contain little analysis of the background to these tragic events.⁷⁸

⁷⁵ Merridale, "The Collective Mind," 50.

⁷⁶ TsGAIPD–SPb/f.24/op.2v/d.7702/l.52

⁷⁷ Zubkova, *Russia After the War*, 27–8.

⁷⁸ TsGAIPD–SPb/f.24/op.2v/d.7480/l.18ob, 60.

Official interests in suicides after 1945 appears to have much weaker than in the 1920s when all acts of suicide in the military and the circumstances behind them were systematically studied.⁷⁹ Occasionally, however, it is possible to glimpse signs of official concern. In June 1946 General-Lieutenant Shiktorov, Leningrad's police chief, compiled a detailed report analysing 77 suicides and 11 attempted suicides recorded between January and April 1946. The main reasons for suicide were given as drunkenness and the breakup of families and relationships. Family problems were seen as the product of war, particularly evacuation and lengthy separations, during which people formed new relationships. On 2 March 1946, for example, G.A. Zimin, a 39-year-old veteran hung himself in an attic. After his demobilization in November 1945 he returned to find that whilst he was at the front his wife had been having an affair, and that she had no desire to rebuild the marriage. In another case cited as typical A.P. Slonov, a 27-year-old war invalid hung himself after a drunken argument with his sisters. However, only ten suicides (approximately thirteen per cent of the recorded cases) were amongst serving soldiers, war invalids and demobilized soldiers.⁸⁰ Suicides amongst Leningrad's veterans were extremely rare. There was no Soviet equivalent to the wave of mass suicides that swept Germany in the spring of 1945.⁸¹

Trauma was a contributing factor to many of the social problems which beset the postwar city. Many of marginalized veterans who begged on city streets, traded on the black market, and who committed petty crimes were not simply homeless and unemployed, they often bore the physical and mental scars of war. Psychological trauma and heavy drinking were recurrent features of criminal cases brought against veterans alleged to have committed violent crimes. Violence was not necessarily an aspect of veterans' traumatic reactions. However, traumatized veterans prosecuted for violence offences were more likely to have their symptoms noticed and described. Veterans who had suffered some form of head injury or had been diagnosed with *voennaia kontuziia* on the frontlines were likely to be referred for psychiatric assessment. Although courtroom psychiatrists were primarily concerned to establish criminal responsibility (*vmeniaemost'*) and whether defendants

⁷⁹ Kenneth Pinnow, "Lives Out of Balance: The 'Possible World' of Soviet Suicide during the 1920s," in *Madness and the Mad in Russian Culture*, ed. Angela Britlinger and Ilya Vinitsky, (Toronto: Toronto University Press, 2007), 130–49.

⁸⁰ TsGA–SPb/f.7384/op.36/d.276/ll.30–4.

⁸¹ Richard Bessel, "Hatred after War: Emotion and the Postwar History of East Germany," *History & Memory*, 17:1/2 Spring/Summer 2005, 195–216 (199–203); Christian Goeschel, *Suicide in Nazi Germany* (Oxford: Oxford University Press, 2009), 149–66.

were fit to stand trial, their reports offer valuable insights into veterans' psychological and psychiatric condition.⁸²

In October 1945 Alexei Kravchenko became embroiled in a fight with a fellow disabled veteran killing him in the process. For our purposes the circumstances of the crime are of secondary importance to the discussion of Kravchenko's mental state during his trial. He had been called up for military service at the start of the war. He survived the carnage for four years, but suffered a catalogue of injuries. In 1941 he had lost four toes on his right foot to frostbite. In 1943 he was wounded in the shoulder, and in 1944 and 1945 he had suffered contusions. After the first instance he began to suffer fits and occasionally lose consciousness. He also began to experience heightened emotions. He often reacted aggressively, and found relating to other people increasingly difficult. During the trial it was revealed that following his second concussion he spent a month in a psychiatric hospital in Moscow. Before his medical discharge from the army he had been disciplined several times for provoking fights. He also began to drink heavily as a means of self-medication. He described how everyday he drank at least 200ml of vodka, estimating that he needed 300 to 400ml before he started to feel intoxicated. On the day he was alleged to have killed his victim he estimated that he had drunk 800ml of vodka. He explained that alcohol helped relieve the pain he felt in his head, but that when drunk he became aggressive and hot-tempered. Remarkably he described how drinking prompted self-harming behaviour. On two separate occasions he had cut his own chest. There was no indication in the court record how serious these lacerations were, or whether Kravchenko was suicidal.⁸³

Trauma, Public Disorder and Anti-Soviet Agitation

Psychiatric examinations revealed that veterans accused of violent crimes were often suffering mental health problems. Many of the accused had spent time in evacuation hospitals with head injuries during the war or in psychiatric clinics after the war. After having been shelled in July 1944 Gerasimov began to suffer convulsive fits. According to his descriptions of these attacks it became difficult to breathe, his emotions became heightened, he became easily upset and would

⁸² Dan Healey, "Early Soviet Forensic Psychiatric Approaches to Sex Crime, 1917-1934," in *Madness and the Mad*, ed. Britlinger and Vinitsky, 150-71; Dan Healey, *Homosexual Desire in Revolutionary Russia: The Regulation of Sexual and Gender Dissent* (Chicago, IL: University of Chicago Press, 2001), 175.

⁸³ Leningradskii oblastnoi gosudarstvennyi arkhiv v gorode vyborge (hereafter LOGAV) f.R-3820/op.2/d.2403/1.96, 109-11, 140, 145, 147-147ob, 150.

often breakdown in tears. These problems persisted after his demobilization in October 1945.⁸⁴ Other reports alluded to the after effects of *kontuziia* and the influence of alcohol. One veteran who regularly consumed excessive quantities of alcohol required half a litre of vodka before he became drunk.⁸⁵ Psychiatrists described increased arousal, hyper-vigilance, irritability, angry outbursts, difficulty concentrating and alcohol abuse; all typical manifestations of trauma. Yet, all of these examinations, despite acknowledging psychiatric problems, concluded that the accused were sufficiently fit to stand trial and were responsible for their actions. Doctors were unwilling to exculpate ex-servicemen for their crimes on the basis of mental illness or trauma.⁸⁶ If veterans drew attention to trauma in the hope of leniency they were to be disappointed. Mental trauma was given short-shrift in Leningrad generally, but the notion that criminals may have been traumatized even less sympathy.

War trauma left traces in one further area of Soviet life, the prosecution of war veterans for the political crime of anti-Soviet agitation. As the limits of public expression tightened after the war blunt speaking veterans often found themselves caught out by a political culture that increasingly sought to control public expression and behaviour. Accusations of anti-Soviet agitation were frequently based on false denunciations, overheard conversations and trumped up charges. Traumatized veterans, viewed as “no longer normal” because they behaved disruptively in public spaces, were especially vulnerable to denunciation. Accusations that veterans had voiced anti-Soviet sentiments in public may well have been an effective means of removing from circulation troublesome individuals, whose minds and bodies prompted uncomfortable reminders of war’s horrors. The most vivid example concerns a series of supposedly anti-Soviet protests made by Iosif Martynov in 1952 and 1953. Martynov, a middle-aged war invalid, had been demobilized in September 1945. He had been injured and “concussed” a number of times. He had lost two fingers on his left hand, sustained nerve damage to his right arm, and injured the base of his spine. He was unable to find employment. He claimed that managers refused to hire him because they needed strong and healthy workers. On 21 April 1952 Martynov caused a scandal begging on the platforms of Leningrad’s Vitebsk station and in the station buffet. Several witnesses alleged that he had publicly slandered Stalin. In his account Martynov claimed to be so hard drunk that he was hardly conscious. On 5 March 1953, coincidentally the date of Stalin’s death, Martynov launched a barrage of anti-Semitic abuse in a housing administration office. That morning he had given blood, spending

⁸⁴ TsGA–SPb/f.8134/op.3/d.1025/ll.161–161ob.

⁸⁵ LOGAV/f.R–3820/op.2/d.2468/ll.52–3.

⁸⁶ Healey, “Early Soviet Forensic Psychiatric Approaches to Sex Crime,” 157–60.

his fee on vodka. Already lightheaded from the blood donation it was not long before he was blind drunk.⁸⁷ Martynov was not a serious threat to Soviet power. He was an alcoholic ex-serviceman, no-longer quiet normal after a terrible war, unable to find his place in postwar Soviet society.

Conclusion

Traumatized veterans never entirely disappeared from public view in postwar Leningrad. Psychiatrists at the Bekhterev Institute studied and wrote about manifestations of psychological trauma, albeit within ideological and scientific explanatory frameworks which stressed Soviet psychological resilience. Yet, as remains the case today, many aspects of war trauma defied neat analytical categories. Experts and veterans' families alike often found it difficult to reach definitive conclusions why some veterans were "no longer normal". Irrespective of the science veterans' psychological wounds were a medical and social reality. Most veterans proved remarkably resilient in the face of extreme violence, and were capable of drawing a line under the wartime chapter of their lives. It was not that Leningrad's veterans did not suffer psychological pain, but rather than it was rarely recognized as trauma and rarely resulted in mental breakdown. The overwhelming majority of veterans found ways of coping with manifestations of trauma which didn't leave paper trails. No doubt the official narrative that Soviet society was fighting a war of survival against an invading fascist enemy offered a measure of protection against doubts that violence and killing had not been justified. The belief that the war represented a moment of supreme collective sacrifice and national rebirth may also have helped minimise trauma. These myths proved remarkably effective for the generations that had endured the war.⁸⁸ What was remarkable about Leningrad's veterans was not that some were traumatized, but how rarely their trauma broke through the surface of postwar society. Leningrad was, of course, a special case. The city's unique wartime experience may have helped ease veterans' transition. They were returning to a community which had been on the frontlines, and understood the realities of war and its traumatic impact. Families and other collectives, which had experienced the horrors of the blockade, were better equipped to assist their reintegration than many civilian communities. Nevertheless, trauma was never quite as invisible as often assumed. Psychiatrists and ordinary Leningraders, although they used very different languages, were conscious that Red Army veterans were no more immune to war's mental aftershocks, than they were to bullets or shells. What differed were social and cultural attitudes to trauma, which shaped popular and scientific responses to mental breakdown.

⁸⁷ GARF/f.R-8131/op.31/d.39,030/ll.5-7, 8-10.

⁸⁸ Merridale, "The Collective Mind," 52.